

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		2				
9		4				
10		4				
11		4				
12		1				
13		1				
14		1				
15		1				
16		3				
17		3				
18		3				
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		2				
29		4				
30		4				
31		1				
32		1				
33		1				
34		1				
35		1				
36		3				
37		3				
38		3				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	77					
TOTAL CLAIMS	79					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

32
24
20
16